healthwatch

 Stoke-on-Trent

**Enter and View Visit to Middleport Medical Centre**

26 November 2024

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# **About the visit**

**Details of the visit**

Date: 26th November 2024
Time: 09:00 – 12:00
Type of visit: Semi-announced

Authorised Representatives: Sophia Leese and Kevin Lovatt
Location: Middleport Medical Centre, Newport Lane, Middleport, Stoke-on-Trent, ST6 3PN.

**Purpose of the visit**

We had received intelligence from members of the public about Middleport Medical Centre over the last quarter (July-September). The feedback shared highlighted the service delivery and more specifically the quality of treatment received. Healthwatch Stoke-on-Trent made the decision to visit Middleport Medical Centre to observe good practice.

*Disclaimer: Please note that this report is related to findings and observations made during our visit on 26 November 2024. The report does not claim to represent the views of all service users, only those who contributed during the visit.*

# **Service Background**

Middleport Medical Centre is delivered by GeneralMedicalServices Ltd. and are a part of the About Better Care (ABC) Primary Care Network (PCN). Middleport Medical Centre utilises their associate practice, Goldenhill Medical Centre, to offer patients more timely appointments and a range of clinics across both locations.

Since delivering the service, the number of patients registered at Middleport Medical Centre had increased from 2,500 to 4,500. The service acknowledged that this was partially due to new housing that had been built nearby.

As of the date of the visit, the service had recruited 5 part-time General Practitioners (GPs), 1 full-time Practice Nurse, 1 Healthcare Assistant, 1 Physician Associate, and 8 Reception and Administrative staff. At any time the service assured that there are always a minimum of 3 reception and administrative staff and 2 GPs. At the time of the visit there was also a Locum Doctor.

The practice has a Patient Participation Group (PPG) of approximately 5 active members.

# **Our Findings**

**Environment**

Externally, the building was modern and well-presented with a carpark which holds approximately 35 parking spaces, including 5 staff and 3 disabled spaces. There are clear signs indicating that anyone wishing to smoke should do so off the premises.

The internal spaces were equally spacious, modern, and well-presented. Only a third of the ground floor was utilised by the GP practice, the remaining areas were rented out to various other services.

The rooms that were in use by the practice were all in the same corridor and were clearly indicated with both standard number signage and additional name cards. All of these rooms were identical and hosted the same equipment. They were equally spacious, modern, and well-kept.

Of the patients that we spoke to, they did not raise any issues with the environment, only compliments and suggestions. One individual who was attending for a different service and was aware of the purpose of our visit said to us about the general waiting area: “It’s nice here isn’t it?”

Immediately next to the reception desk were two inclusive toilets, which were clean and fresh. The fittings were of two dementia-friendly colours, white and dark blue and the red emergency pull-cords were of a good length.

The waiting room is bursting with leaflets, posters, and banners. Patients had complimented the abundance of clear, easy-to-understand information available and posted around the room, sharing how they take the time to read and understand what is available and where. Our authorised representatives had noted that the hearing loop symbol was partially obstructed by other signage which was raised to a member of staff during the visit.

A patient expressed that they would value a cold drinks machine or water dispenser in the waiting area and suggested the addition of a ‘children’s corner’ that could be easily cleaned, such as an abacus. Upon raising this to staff, the staff were aware of there being children’s toys which were stored away due to the pandemic and were currently seeking to put them out again, if infection control permits it.

**Using the service**

Although the sign-in screen was around the corner from the main entrance, those who are potentially new and unaware of its location would be immediately met with the reception desk and could be pointed in the right direction. The reception desk always had at least 1 member of staff present and was never left unattended during the time of our visit. It is understood that although the reception and admin staff are hired as part of the practice team, that other attending services do not provide any reception desk support, meaning that the GP team are also supporting various other services users.

Once patients had successfully signed in, they would sit in the waiting room where the seats all face towards both the rooms and a TV screen which would show more health-related information. A patient was pleased that they rarely had to wait much longer than 15-minutes beyond their original appointment time despite any delays.

Upon being called for an appointment, the TV screen would emit a clear sound to draw attention and would have the details of appointment in an accessible black text on yellow background format.

**Listening to patients**

Overall, the patients that we spoke to had felt listened to around their health needs and that they were treated with kindness, respect, and dignity. Half of the patients gave their praise to multiple individual members of staff for being well-mannered and considerate, some even reflected on past experiences with other practices which they felt weren’t as good. However, one patient did not feel listened to or understood with some doctors at previous appointments as their health needs were not acknowledged. When asked, all patients appeared confident in what to do or who to talk to should they want to raise a concern or make a complaint at the practice.

**Staff**

In addition to patients, we also spoke with a range of staff about their experiences at the practice. Generally, staff felt that the service and its workloads are well-managed with sufficient training and guidance to keep them delivering the service with confidence. The team’s confidence contributes to the delivery of service at Middleport Medical Practice greatly. It ensures that the team and service provided is reasonably consistent and reassures patients in the decisions being made about their health, care, and treatment. Staff had also highlighted a positive work atmosphere amongst the team, praising both colleagues within their direct teams and in the wider practice team.

There was some slight concern, from both staff and patients, regarding recent high turnover rates. For patients, this meant that they were having to start from scratch with building a rapport with new staff.

We also found that not all staff were aware of what a PPG is or when it meets. It was shared with us that the PPG is not as active as they would like it to be despite trying multiple ways to improve patient engagement and activity.

It was clear that any concerns raised to us by staff had equally been raised by patients, which we felt indicated that they are aware and considerate of patient’s experiences even though this feedback was not being received through methods in place such as the PPG.

**Patient Choice**

Middleport Medical Practice would honour patient’s choice in any way that would be possible. Patients and staff confirmed that they were able to accommodate patient choice through the gender of staff they were seeing or the specific individual. However, there was one instance where a patient had requested a specific doctor, but upon arrival found that the doctor was no longer able to attend the appointment. This patient had wished that the practice had informed them beforehand so that they could rearrange their appointment.

Some people, who had experience, shared that they were satisfied with any suggestions for alternative services provided by their GP as it was thoroughly explained. In cases where patients were uncertain or would still prefer to attend the practice instead, the staff confirmed that they would book them a GP appointment.

**Meeting patients’ language needs**

Due to a majority of patients not speaking English as a first language, many appointments require the use of a translation service called ‘Language Line’. All of the staff that we spoke to were confident in the use of Language Line in appointments, even those who hadn’t been in post for very long.

Patients who require Language Line in their appointments have a marker on their medical record to indicate this to reception staff. Reception staff will then book a double-appointment to accommodate for the extra time needed for a translated appointment.

In circumstances where an interpreter isn’t available in the required language at the time of the appointment, one staff member shared that they would utilise a Google Translate feature which translates audio via text-to-speech software.

Unfortunately, due to the language barriers, our team were unable to capture the experiences of patients who have used Language Line in their appointments during this Enter and View visit.

We were also informed that there had been recent changes to the practice website making it more user-friendly and included an embedded translation feature meaning that any information or changes to the practice uploaded to the website could be accessed by those whose first language is not English.

**Telephone**

At the start of our visit, it was raised to us that the practice had been trying to implement the Cloud-based Telephony (CBT) system since February of this year, however due to the lack of access to fibre connectivity in the building, the practice has found it difficult to find a provider who can support this necessary change. If a broadband provider is unable to do the necessary work, the practice will be required to take the alternative option of utilising a router which will cost them £250 per month.

According to NHS England, CBT provides greater functionality for practices and patients. It includes call queuing or call back which provides patients with a better experience when lines are busy. The latest changes to the GP contract mandate that all practices must move to CBT once their current telephony contract expires and before the end of 2025, as only cloud-based platforms will be supported from this point.

All patients that we spoke to book their appointments and communicate with the practice over the phone. A couple of these had shared that they would go in-person to book appointments on the few occasions where they have been unable to get through via telephone, which was the only barrier identified by these patients. Staff had confirmed that there had previously been some complaints from patients when the phone’s queue function was not working, meaning that patients would be cut-off if all phone lines were occupied.

**Conclusion**

Overall, we found that Middleport Medical Centre is well-received by its patients, with any issues being, for the most part, easily resolved through the consideration and implementation of our following recommendations:

1. Ensure that the hearing loop sign is entirely visible and not covered by other information signs and posters.
2. Where possible, obtain translated copies of literature in the languages most used by patients at the practice.
3. Re-assess the infection-risk of the children’s toys and consider returning them to the waiting room area.
4. Consider adding a water dispenser or another suitable alternative for patients to access a drink whilst waiting.
5. Ensure patients are informed of any changes to their appointment, particularly where there had been a specific member of staff requested, so that they can re-book if necessary.
6. Continue to foster the confidence of staff through training and a united work environment.
7. Raise the profile of the PPG amongst staff and encourage their involvement so that they can understand and champion it to patients.

**Provider comments**

This report has been shared with the managers of Middleport Medical Centre and invited them to provide a response to the report and our recommendations. They responded that they were happy with the report and had no further comment.

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 Stoke-on-Trent

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We are committed to the quality of our information. Every three years we perform an in-depth audit so that we can be certain of this.

The contract to provide the Healthwatch Stoke-on-Trent service is held by Engaging Communities Solutions C.I.C.

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